Literacy Studies Ph.D. Program Preliminary Exam Registration

Name: ________________________________ M#: __________________________

Preliminary Exam Format - Please choose either Exam Format or Research Format:

Exam Format (     ) Research Format (     )

When do you plan to take the Preliminary Exam?

March (   ) October (   ) June (   ) Year ______

First attempt?

☐ Yes

☐ No

Research Advisor Name: __________________________

Second Reader Name: __________________________

Student Signature ____________________________________________ Date __________

Academic Advisor Signature ____________________________________ Date __________

Research Advisor Signature (if applicable) ________________________ Date __________

Second Reader Signature (if applicable) __________________________ Date __________

Program Director Signature ____________________________________ Date __________

Important Notes:
• Check with professor(s) regarding study classes, forms, etc.
• Deadline for registration is the first two weeks of each semester.
• The Program will NOT accept registration forms after the deadline.
• THERE IS NO FEE TO TAKE THE PRELIMINARY EXAM.

PLEASE RETURN THE COMPLETED REGISTRATION FORM TO LITERACY STUDIES PROGRAM OFFICE MTSU BOX 402.